

# Foster Family Home - Corrective Action Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-6

739 Hoopai Street

Reviewer: Julie Hastings

Pearl City

HI 96782

Begin Date: 4/16/2020

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 3 bed certification

Julie A. Hastings RN, BSN  
Compliance Manager

msaon  
Primary Care Giver

4/17/2020  
Date

4/17/2020  
Date